

PLACE OF BIRTH

1. County of Pima

District of

Town of

or

City of Tucson

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 439

County Registrar No.

Local Registrar No. 178St. Davidson School Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

(If child is not yet named, make supplemental report, as directed)

2. Full name of child Maurice LeBaron Jones

3. Sex of Child

MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth March 11 1927

Month

Day

Year

8. FATHER

Full name

LeBaron Jones

9. Residence

(Usual place of abode)

Davidson School District
P.O. D. #2 Box 255

If non-resident, give place and state.

10. Color or race

White11. Age at last birthday 22 (Years)

12. Birthplace (city or place)

Mesa

(State or country)

Arizona

13. Occupation

School Teacher

Nature of industry

Grade school

14. MOTHER

Full maiden name

Milda Starr

15. Residence

(Usual place of abode)

Davidson School Dist
P.O. D. #2 Box 255

If non-resident, give place and state.

16. Color or race

White17. Age at last birthday 18 (Years)

18. Birthplace (city or place)

Dublin

(State or country)

Chihuahua Mexico

19. Occupation

Housewife

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?yesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 235 P.I hereby certify that I attended the birth of this child, who was Alive at 2:35 P. m. on the date above stated

(Born alive or stillborn)

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature

Oliver Kirsner M.D.

(Physician or midwife).

Address

215 Pennington St Tucson, Ariz.Given name added from
supplemental report

Month, day, year

Filed

3/14 - 1927Al Schmale

Local Registrar.

Registrar

Filed

19

County Registrar

412-311-469